

Utah Department of Public Safety  
Office of the State Fire Marshal  
Course Registration Form

Social Security # \_\_\_\_\_  
Required for Computer Entry

**Participant Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First, Middle, Last) (month day year)

Home Address \_\_\_\_\_  
(Street)

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Ethnic Origin**    White    Asian/Pac Island    Black    Hispanic    American Indian    **Sex:**    Male:    Female:

**Department Information**

Department/Organization Name \_\_\_\_\_ Career \_\_\_\_\_ Volunteer \_\_\_\_\_

Department Address \_\_\_\_\_ Position \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

**Course Information**

Course/Subject Juvenile Firesetter Intervention Specialist

Location/City Park City, Utah

Date of Class November 20-21, 2003

Training Charge: \$0.00 Tuition Waiver

Please complete all fields then print out and fax to: 801-284-6351  
(No cover sheet necessary)